

**ZERO SUICIDE at
SummitStone
Health Partners**

Creative Solutions



HISTORY OF ZERO SUICIDE AT SUMMITSTONE



2016 Attended first Zero Suicide Academy

- We have participated in 4 Academies altogether



Created a Zero Suicide Committee which meets monthly along with work groups meeting monthly:

- Training
- Data and Evaluation



Organizational Self Studies



Workforce surveys



Applied for and received funding for a Zero Suicide Coordinator and Peer Specialist

ZERO IS THE ONLY ACCEPTABLE GOAL.



Created a ZERO SUICIDE PATHWAY in our EMR

- Since its inception, we have put approximately 1,500 clients on the Pathway

The Widget on the home screen in the client chart view will look like this if the clients is on the Pathway



CARING CONTACTS

- *Phone calls provided by Peer Specialists that show the person experiencing suicidal thoughts that someone is thinking of them*
- *One peer specialist has FTE assigned for Caring Contacts but there is back up when that peer is off*
- *Any clinical staff can refer a client for Caring Contacts*



CARING CONTACTS

- *Created an email group where referrals are made*
- *Peer acknowledges the referral and puts the client on a password protected spreadsheet*
- *Peer calls the client once or twice a week (per referral) for 4 weeks*
- *Sends email to referral source at the end of 4 weeks indicating that they have received last Caring Contact*
- *The referral source can ask for calls to continue in 4 week intervals.*



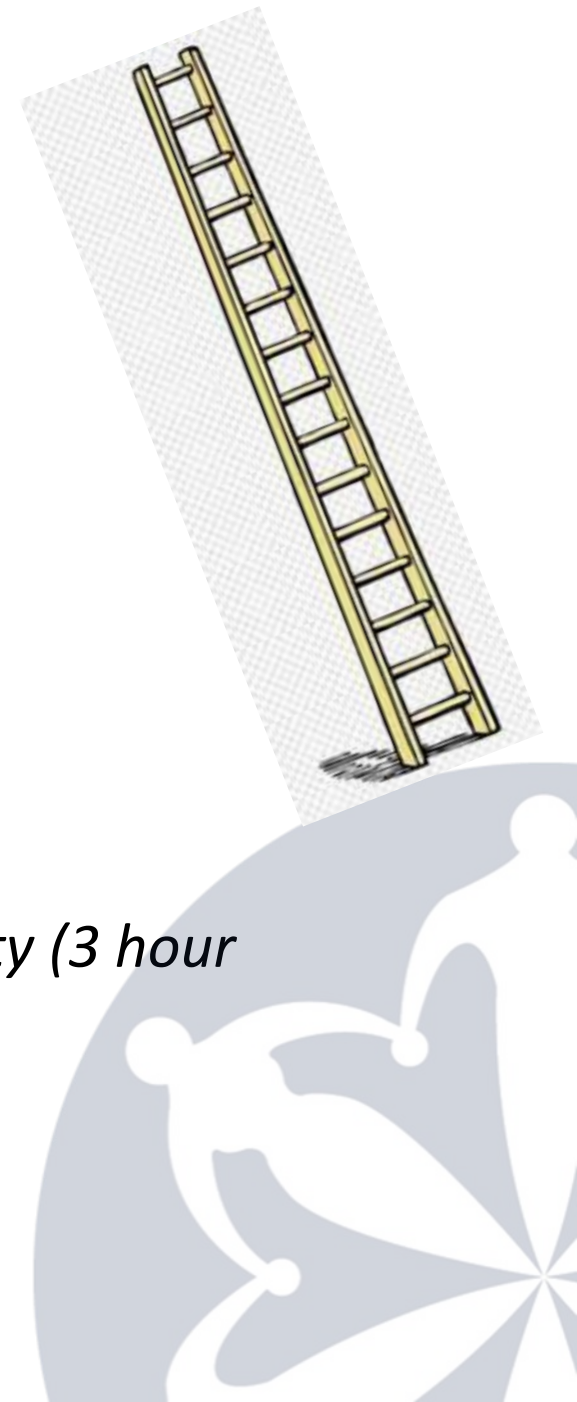
ONBOARDING

Training for All Staff

- *QPR – Question Persuade Refer*

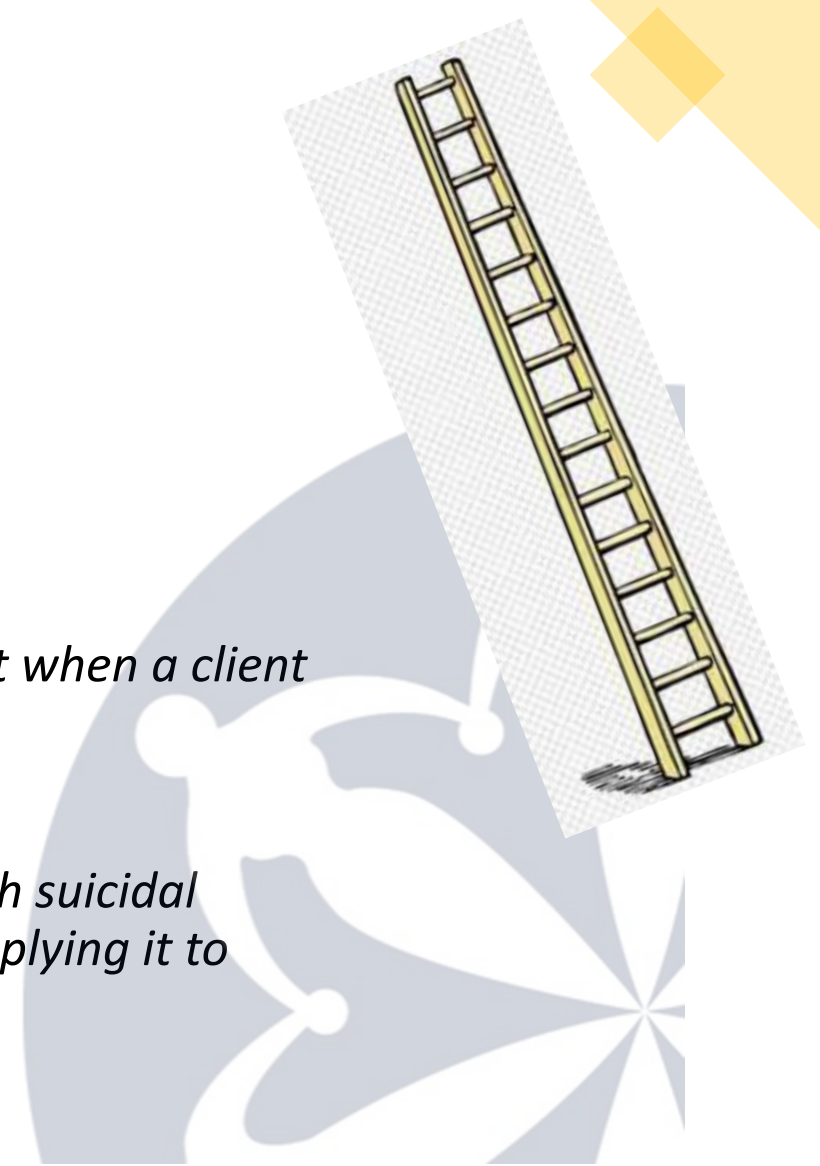
Training for Clinical Staff:

- *C-SSRS – Columbia Suicide Severity Rating Scale*
- *Zero Suicide Pathway training*
- *CALM – Counseling on Access to Lethal Means*
- *CAMS – Collaborative Assessment and Management of Suicidality (3 hour webinar)*
- *Safety Plan Training*



ONBOARDING

- *Updating our current onboarding training to include:*
 - *All clinicians assigned to attend the all-day CAMS training*
 - *Create an FAQ for the Zero Suicide Pathway*
 - *Clarify documentation expectations for staff, detailing how to document when a client refuses a recommended intervention*
 - *Each new staff receive their own copy of CAMS book*
 - *Regular on-going training for clinical staff regarding treating clients with suicidal thoughts – Safety Planning, Documentation Expectations, CAMS and applying it to clinical practice, etc.*



CAMS Consult

- *Problem to solve: Selected CAMS as modality to treat suicide but have had difficulty with implementation*
- *Solutions we have implemented:*
 - *Two rounds of consults with a CAMS Care consultant*
 - *Monthly internal consults with clinicians and supervisors*
 - *Clinicians are invited to bring cases to discuss*
 - *The group reads a portion of the book (3-5 pages) and discusses together*



Zero Suicide Coordinator

Job duties include:

- *Chart reviews*
- *Participates in Critical Incident reviews*
- *Assists with ongoing training and training review*
- *Co-facilitates CAMS Consults*



Zero Suicide Peer Review

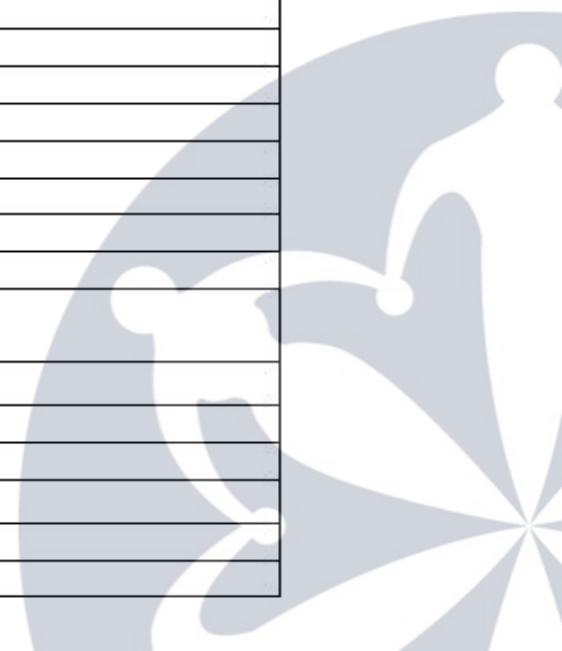
- *Created specific form and included it in all peer reviews*

Current Pilot:

- *A month after the client is put on the Zero Suicide Pathway, the Zero Suicide Peer Review is sent to the clinical supervisor*
- *If there is anything missing the therapist is asked to correct*
- *The Zero Suicide Coordinator checks the chart a month later*
- *If there are still issues, the administrative supervisor is contacted to help correct*

SummitStone Health Partners
Zero Suicide Pathway Clinical Record Review

Clinician	Date of Audit:			Auditor:
Client Name:	MRN:			Date Client put on the Pathway:
Area for Review	Y	N	N/A	Comments and/or Strengths
Planning				
1. Treatment plan reflects needs and goals related to suicide prevention treatment		X		
2. There is a safety plan present with documentation that it has been reviewed within the last 30 days	X			
3. There is a risk assessment including lethal means	X			
Documentation				
4. The Modality of treatment is identified. If not CAMS, why?	X			
5. CAMS worksheets being uploaded		X		
6. Risk factors are being addressed	X			
7. Notes reflect progress/setbacks with managing suicidality	X			
8. If client has missed appointments, are there documented engagement efforts		X		
9. Is client receiving caring contacts from a peer	X			
Supervision:				
10. Please enter the date this client was last reviewed in supervision	X			



SUMMITSTONE
HEALTH PARTNERS

